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CONFIRMATION NO. 1717

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**APPLICANTS**

Eric Teller, Pittsburgh, PA;  
 John M. Stivorc, Pittsburgh, PA;  
 Christopher D. Kasabach, Pittsburgh, PA;  
 Christopher D. Pacione, Pittsburgh, PA;  
 John L. Moss, Monroeville, PA;  
 Craig B. Liden, Sewickley, PA;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/602,537 06/23/2000 PAT 6,605,038 which is a CIP of 09/595,660 06/16/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 10/01/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 19	<b>TOTAL CLAIMS</b> 151	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>[Initials]</i> Initials			

**ADDRESS**

23861

**TITLE**

Apparatus for monitoring health, wellness and fitness

<b>FILING FEE RECEIVED</b> 1614	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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